

Docket No.: E7900.2063/P2063
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Martin Hagg et al.

Application No.: 10/573,767

Confirmation No.: 9921

Filed: March 29, 2006

Art Unit: 3763

For: TRANSPORT DEVICE FOR STERILE MEDIA Examiner: Not Yet Assigned

**SUBMISSION OF REVOCATION OF PRIOR POWER OF ATTORNEY AND
APPOINTMENT OF NEW ATTORNEY AND STATEMENT UNDER 37 CFR 3.73(B)**

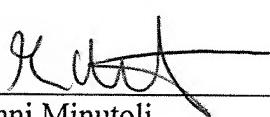
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Revocation of Prior Power of Attorney and Appointment of New Attorney and Statement Under 37 CFR 3.73(b) in relation to the above-captioned matter. In addition, please change the Attorney Docket Number for all correspondence associated with this application to Attorney Docket Number E7900.2063/P2063.

Dated: September 24, 2007

Respectfully submitted,

By 
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**REVOCATION OF
PRIOR POWER OF ATTORNEY
AND APPOINTMENT OF
NEW ATTORNEY**

	Application Number	10/573,767
	Filing Date	March 29, 2006
	First Named Inventor	Martin Hagg
Title	TRANSPORT DEVICE FOR STERILE MEDIA	
Group Art Unit	3763	
Examiner Name	n/a	
Attorney Docket No.	E7900.2063/P2063	

I hereby revoke all powers of attorney previously granted and hereby appoint:

<input checked="" type="checkbox"/> Practitioners at Customer Number	24998	→	<input type="text"/>
OR	<i>Customer Number Bar Code</i>		
<input type="checkbox"/> Practitioner(s) named below:			
Name	Registration Number	Name	Registration Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

<input type="checkbox"/> The above-mentioned Customer Number.	<input type="text"/>	→	<input type="text"/>
OR	<i>Customer Number Bar Code</i>		
<input checked="" type="checkbox"/> Practitioners at Customer Number	24998	→	<input type="text"/>
OR	<i>Customer Number Bar Code</i>		

<input type="checkbox"/> Firm or Individual Name	Gianni Minutoli
	DICKSTEIN SHAPIRO LLP

Address	1825 Eye Street, NW
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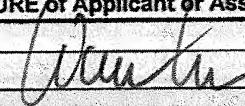
City	Washington	State	DC	Zip	20006-5403
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I am the:

<input type="checkbox"/> Applicant/Inventor.
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</i>

SIGNATURE of Applicant or Assignee of Record

Name	Christian Erbe
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Signature	
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Date	9-13-07
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.

<input type="checkbox"/>	*Total of	1	forms are submitted.
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